

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09937322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	2		1			
4	6		1			
5	1		1			
6	1		1			
7	1		1			
8	5		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41			1			
42			1			
43			2			
44			1			
45			1			
46			2			
47			2			
48			1			
49			2			
50			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			2			
52			4			
53			4			
54			4			
55			4			
56			4			
57			4			
58			4			
59			4			
60			4			
61			4			
62			4			
63			4			
64			4			
65			4			
66			4			
67			4			
68			4			
69			4			
70			4			
71			4			
72			4			
73			4			
74			1			
75			1			
76			1			
77			1			
78			4			
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			8			
TOTAL DEP.			99			
TOTAL CLAIMS			117			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS